

CITY OF OSHKOSH UST/AST PERMIT CHECKLIST

Job Site Address:

Contractor:

Address:

Phone #:

FAX #:

AST

UST

Install

Remove

Upgrade Tanks/Piping

Number, Size, & Contents of Tank(s):

Tank(s) Composition:

Piping Composition:

Approximate Start Date:

Permit Issuance Approval: YES

No

Conditions of Approval: Per WI Dept of Agriculture, Trade, & Consumer Protection-ATCP 93

Approved by: John Holland, LPO

Signature: _____ Date:

Tank System Fee:

Plan Review Fee:

Permit Fee:

PLEASE NOTE: THIS IS NOT A PERMIT. To obtain the required permit, present this checklist, along with a check made payable to the "CITY OF OSHKOSH" for the amount listed in "Permit Fee" (above) at the Building Inspection Office, Room 205 at City Hall, between the hours of 7:30-8:30 AM and 12:30-1:30 PM; or by appointment (920) 236-5045. This permit shall be obtained and on-site **prior to the commencement of any work.**